

Home and Community Based Services:

Children with Life Limiting Illness (CLLI) Waiver (Previously the Pediatric Hospice Waiver)*

Rates Effective July 1, 2021-June 30, 2022



COLORADO
Department of Health Care
Policy & Financing

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2021	Rate Effective 07/01/2021	Unit Value	Comments
Expressive Therapy									
Art and Play Therapy	H2032	UD	HA			\$ 16.18	\$ 16.58	15 Minutes	Combined maximum of 156 units (39 hours) for all Expressive Therapy services per Service Plan year.
Art and Play Therapy Group	H2032	UD	HA	HQ		\$ 9.05	\$ 9.28	15 Minutes	
Music Therapy	H2032	UD				\$ 16.18	\$ 16.58	15 Minutes	
Music Therapy Group	H2032	UD	HQ			\$ 9.05	\$ 9.28	15 Minutes	
Integrative Therapy									
Massage Therapy	97124	UD				\$ 18.06	\$ 18.51	15 Minutes	Maximum of 96 units (24 hours) per Service Plan year
Palliative/Supportive Care Skilled									
Care Coordination	G9012	UD				\$ 20.55	\$ 21.06	15 Minutes	
Pain and Symptom Management	S9123	UD				\$ 77.50	\$ 79.44	Hour	
Respite Services									
Unskilled(4 hours or less)	S5150	UD				\$ 5.50	\$ 7.17	15 Minutes	Combined maximum of 30 calendar days per Service Plan year for all Respite Care services.
Unskilled (4 hours or more)	S5151	UD				\$ 98.95	\$ 128.91	Day	
CNA (4 hours or less)	T1005	UD				\$ 7.21	\$ 9.39	15 Minutes	
CNA (4 hours or more)	S9125	UD				\$ 128.11	\$ 166.91	Day	
Skilled RN, LPN (4 hours or less)	T1005	UD	TD			\$ 15.68	\$ 20.43	15 Minutes	
Skilled RN, LPN (4 hours or more)	S9125	UD	TD			\$ 282.06	\$ 367.49	Day	
Camp (Group, Overnight)	T2037	UD				\$ 199.58	\$ 260.03	Day	
Therapeutic Services									
Bereavement Counseling	S0257	UD	HK			\$ 1,126.44	\$ 1,154.60	Lump Sum	One time lump sum payment per client.
Therapeutic Life Limiting Illness Support-Individual	S0257	UD				\$ 25.12	\$ 25.75	15 Minutes	Combined maximum of 392 units (98 hours) per Service Plan year.
Therapeutic Life Limiting Illness Support-Family	S0257	UD	HR			\$ 25.12	\$ 25.75	15 Minutes	
Therapeutic Life Limiting Illness Support-Group	S0257	UD	HQ			\$ 14.82	\$ 15.19	15 Minutes	

Legend	
HA	Child/adolescent program
HK	Specialized Mental Health services for high risk populations
HQ	Group Setting
HR	Relative providing care
TD	RN providing care
UD	Children with Life Limiting Illness



Home and Community Based Services:

Children's Home and Community Based Services (CHCBS) Waiver

Rates Effective July 1, 2021-June 30, 2022



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2021	Rate Effective 07/01/2021	Unit Value	Comments
Case Management	T1016	U5				\$ 8.85	\$ 9.07	15 minutes	
IHSS Health Maintenance, Outside Denver County	H0038	U5				\$ 7.44	\$ 7.79	15 minutes	
IHSS Health Maintenance, Denver County	H0038	U5				\$ 7.57	\$ 7.92	15 minutes	

Legend	
U5	Children's HCBS



Home and Community Based Services:

Children's Habilitation Residential Program (CHRP) Waiver

Rates Effective July 1, 2021-June 30, 2022



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2021	Rate Effective 07/01/2021	Unit Value	Comments
Foster Home									
Foster Home Level 1	H0041	U9				\$ 56.10	\$ 57.50	Day	
Foster Home Level 2	H0041	U9	22			\$ 90.63	\$ 92.90	Day	
Foster Home Level 3	H0041	U9	TF			\$ 110.74	\$ 113.51	Day	
Foster Home Level 4	H0041	U9	TF	22		\$ 134.85	\$ 138.22	Day	
Foster Home Level 5	H0041	U9	TG			\$ 154.92	\$ 158.79	Day	
Foster Home Level 6	H0041	U9	TG	22		\$ 194.73	\$ 199.60	Day	
Group Home									
Group Home Level 1	T2016	U9				\$ 82.26	\$ 84.32	Day	
Group Home Level 2	T2016	U9	22			\$ 108.29	\$ 111.00	Day	
Group Home Level 3	T2016	U9	TF			\$ 127.57	\$ 130.76	Day	
Group Home Level 4	T2016	U9	TF	22		\$ 150.69	\$ 154.46	Day	
Group Home Level 5	T2016	U9	TG			\$ 166.48	\$ 170.64	Day	
Group Home Level 6	T2016	U9	TG	22		\$ 196.31	\$ 201.22	Day	
Residential Child Care Facility (RCCF)									
RCCF Level 1	T2016	U9	HA			\$ 510.35	\$ 523.11	Day	Effective 01/01/2021
RCCF Level 2	T2016	U9	HA	TJ		\$ 531.95	\$ 545.25	Day	
RCCF Level 3	T2016	U9	HA	TF		\$ 559.95	\$ 573.95	Day	
RCCF Level 4	T2016	U9	HA	TG		\$ 589.00	\$ 603.73	Day	
RCCF Level 5	T2016	U9	HA	TT		\$ 619.99	\$ 635.49	Day	
RCCF Level 6	T2016	U9	HA	22		NR*	NR*	Day	
Intensive Support Services									
Wraparound Plan	H2021	U9	HI	TL		\$ 27.21	\$ 27.89	15 Minutes	
Prevention and Monitoring	H2021	U9	HI	HN		\$ 27.21	\$ 27.89	15 Minutes	
Child and Youth Mentorship	H2021	U9	HI	HM		\$ 7.53	\$ 7.72	15 Minutes	
Professional Services									
Hippo Therapy	S8940	U9				\$ 21.44	\$ 21.98	15 Minutes	
Hippo Therapy Group	S8940	U9	HQ			\$ 9.11	\$ 9.34	15 Minutes	
Movement Therapy-Bachelors	G0176	U9				\$ 16.10	\$ 16.50	15 Minutes	
Movement Therapy-Masters	G0176	U9	22			\$ 23.59	\$ 24.18	15 Minutes	
Massage Therapy	97124	U9				\$ 18.93	\$ 19.40	15 Minutes	
Respite Care									
Individual - In Family Home	S5150	U9	HA			\$ 5.35	\$ 6.97	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period. No more than 7 consecutive days per month and not to exceed 28 days in a calendar year.
Individual Day - In Family Home	S5151	U9	HA			\$ 211.58	\$ 275.66	Day	
Individual - In Residential Settings	S5150	U9	HI			\$ 5.35	\$ 5.48	15 Minutes	
Individual Day - In Residential Settings	S5151	U9	HI			\$ 211.58	\$ 216.87	Day	



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Community Connector	H2021	U9				\$ 9.85	\$ 10.31	15 Minutes	Limited to 1040 units or 260 hours per year Effective November 30, 2020
Transition Support Services									
Wraparound Plan	H2021	U9	HA	TL		\$ 27.21	\$ 27.89	15 Minutes	
Prevention and Monitoring	H2021	U9	HA	HN		\$ 27.21	\$ 27.89	15 Minutes	
Child and Youth Mentorship	H2021	U9	HA	HM		\$ 7.53	\$ 7.72	15 Minutes	

Legend	
22	(CPT Defn: Increased procedural services)
HA	Child/Adolescent Program
HQ	Group Setting
HR	Relative providing care
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TJ	Program Group, Child and/or Adolescent
TT	Individualized service provided to more than one patient in same setting
U9	Children's Habilitation Residential Program





ADJUSTMENT TABLE		
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER
Across the Board Increase Effective July 1, 2021		
HCBS EBD	2.500%	1.02500
HCBS CMHS	2.500%	1.02500
HCBS BI	2.500%	1.02500
HCBS SCI	2.500%	1.02500
HCBS DD	2.500%	1.02500
HCBS SLS	2.500%	1.02500
HCBS/DDD/DHS CES	2.500%	1.02500
HCBS/DDD/DHS CLLI	2.500%	1.02500
HCBS/DDD/DHS CHCBS	2.500%	1.02500
HCBS/DDD/DHS CHRP	2.500%	1.02500
American Rescue Plan Act Increase	2.110%	1.02110
American Rescue Plan Act Increase, Respite Services	25.000%	1.25000

